Please type a plus sign (+) inside this box -> +

JUL 0 9 2002 PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Tracomark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to espond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing

□ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Num	nber	24230.53				
First Named Inventor		Benjamin Spenser				
COMPLE	ETE IF	KNOWN				
Application Number	09/ 975,750					
Filing Date	October 11, 2001					
Group Art Unit		3731				
Examiner Name		to be assigned				

As a below named invento	r, I hereby declare that:		- · · · - · · ·						
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
IMPLANTABLE PR	OSTHETIC VALVE								
the specification of which	(Title	of the Invention)							
is attached hereto OR									
was filed on (MM/DD/	YYY) 10/11/	2001 as United	1 States Applicat	tion Number or PC	T International				
Application Number 09	/975,750 and wa	as amended on (MM/DD/Y)	m) [(if applicable).				
I hereby state that I have review	ewed and understand the	contents of the above identi	fied specification	n, including the cla	_{ims, as} O				
amended by any amendment	• • • • • • • • • • • • • • • • • • • •		e :	D 4 50	1				
r acknowledge the duty to disc	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
I hereby claim foreign priority certificate, or 365(a) of any Po America, listed below and have or of any PCT international app	CT international application also identified below, by	n which designated at leas checking the box, any foreign	st one country of application for	other than the Unit	ited States of				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	y Attached?				
		•		П					
					<u> </u>				
	,								
☐ Additional foreign application	on numbers are listed on a	supplemental priority data	sheet PTO/SB/0	02B attached here	to:				
I hereby claim the benefit und		y United States provisional	application(s) lis	sted below.					
Application Number(s) Filing Date	e (MM/DD/YYYY)							
			_	onal provisional ers are listed on					
	ļ ļ	İ		ens are listed on emental priority					
			PTO/S	SB/02B attached	d hereto.				

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
JUL 1 5 2002
FICE OF PETITIONS



Please type a plus sign (+) inside this box ->

JUL 0 9 2002 PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Ratent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Utility or Design Patent Application **DECLARATION -**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. **U.S. Parent Application or PCT Parent Parent Patent Number Parent Filing Date** Number (MM/DD/YYYY) (if applicable)

		PCT international										
As a named inv and Trademark	ventor, I h	ereby appoint the onnected therewi	_	ing registered p Customer Nun <i>OR</i> Registered pra						ict all business Place Custo Number Bar Label he	Code	
	Nam	_		Regis	tration		Nan			, ,	stration	
Mic		. Wolfson			nber ,750		Mark Mo		16		.612	
Wi	lliam H	I. Dippert s Gable		26	5,723 2,479		WAR W	on tage			,012	
Additional i	registered	practitioner(s) r	amed o	n supplementa	l Registered	Practitioner	Information sh	eet PTO	/SB/02C	attached here	to.	
Direct all correspondence to: Customer Number or Bar Code Label							OR	X C	orrespo	ondence addr	ess below	
Name		William H. Dippert										
Address		Cowan, Liebowitz & Latman, P.C.										
Address		1133 Avenue of the Americas										
City		New York				State	NY	ZIP 10036-6799			99	
Country		USA		Telephor	ne (2	12) 790-	9200	Fax	(212) 575-0	671	
believed to be punishable by	true; and fine or in	I statements ma I further that the oprisonment, or t issued thereon.	ese state both, ur	ements were m	nade with the	 knowleda 	e that willful fa	lse state	ements	and the like so	made are	
Name of So	ole or F	irst Invento	r:			☐ A petit	ion has been	filed fo	r this u	ınsigned inve	ntor	
Gi	iven Nar	ne (first and m	iddle [if	fany])		Family Name or Surname						
Benjamin					Spenser							
inventor's Signature		Bolan Som							Date	7.4,02		
Residence: (City	Caes	area	State		Country	, 1:	srael		Citizenship	ISR	
Post Office A	ddress				8 Agur St.							
Post Office A	ddress											
City	•	Caesarea	State		ZIP			Cou	untry	IS	R	
Additional	linvento	rs are being n	amed o	on the 1 su	ınolementa	l Additiona	i Inventor(s)	sheet(s) PTO	/SB/02A atta	ched heret	

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Addition	nal Joint Inventor, if a	ny:			A petitio	n has been filed	for thi	s unsigned	l inventor
Given Na	ame (first and middle [if any]) Family Name or Sumame								
	Netanel			Benichu					
Inventor's Signature	R1/7 RN Date 7/6						7/04/02		
Residence: City	Nir Etzion	State			Country	Israel		Citizenship	ISR
Post Office Address	Nir Etzion								
Post Office Address		—				·			
City	Nir Etzion	State			ZIP	Co	untry		ISR
Name of Addition	nal Joint Inventor, if ar	ıy:			A petition	has been filed f	or this	unsigned	inventor
Given Nar	me (first and middle [if any])				Family Name	or Su	mame	
	Assaf A Bash								
Inventor's Signature	10/	10/(Date	4/5/02	
Residence: City_	Givat Ada	State		c	ountry	Israel		Citizenshi	ISR
Post Office Address				1 H	aseora	St.	•		
Post Office Address									
City	Givat Ada	State			ZIP		Country		
Name of Addition	nal Joint Inventor, if ar	ıy:			A petition	has been filed for	or this	unsigned	inventor
Given Nar	me (first and middle [if any])		Family Name or Sumame					
	Avraham		İ			Zal	kai		0
Inventor's Signature	ABI ZAKAX								
Residence: City	Zichron Yaacov	(State		Country Israel Citizenshi		ip ISR			
Post Office Address	13 Yair St.								
Post Office Address									
City	Zichron Yaacov State				ZIP		Co	untry	ISR

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

CE OF PETITIONS